

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF BIRTH **JUN 12 1937**

County.....  
Township.....  
City **St. Louis** (No. **5001a North Broadway**)

Registration District No. **791**  
Primary Registration District No. **1003**  
St. **9** Ward.

18073  
File No. **4649**  
Registered No. ....  
St. .... Ward)

2. FULL NAME **MARTIN BEATMAN,**  
(a) Residence, No. **5001a North Broadway** **9** Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Beatman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 22, 1879**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
**57 9 12**

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. **Woodworker**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Artistic Mfg. Co.**

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

13. NAME **Not Known**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

17. INFORMANT **Mrs. Dorothy Rosciglione** (ADDRESS) **5001a North Broadway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **May 7, 1937**

19. UNDERTAKER **Math. Hermann & Son** (ADDRESS) **2161 East Fair Avenue**

20. FILED **MAY 6 1937** **J. H. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**  
*No Physician in attendance*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 4, 1937**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **1:00 P. M.**

The principal cause of death and related causes of importance were as follows:

*Chronic Myocarditis*  
*Chronic Interstitial Nephritis*  
Date of onset  
Other contributory causes of importance: **1/21**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?  Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **H** ✓  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify.....

(Signed) **Joseph M. Zimm** (Address) **deputy coroner**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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